

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-02-3846.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,101.60 for date of service 04/30/01 and 05/15/01?
- b. The request was received on 03/14/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Requestor Rationale for Dispute Resolution on Table of Disputed Services
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. EOBs from other carriers
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 05/02/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 05/08/02. The insurance carrier's initial response was received in the Division on 04/03/02. All information in the case file will be reviewed.

4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
 - a. "We feel that equipment and treatment is Medically Necessary and we have provided the appropriate Supporting documentation for the full purchase of this equipment. The carrier still denying additional payment. We are now requesting full reimbursement on all D.M.E. with calculated interest fee's included."
2. Respondent:
 - a. The Carrier has no response to the letter of dispute resolution in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 04/30/01 and 05/15/01.
2. The provider billed \$6,529.00 for the dates of service 04/30/01 and 05/15/01.
3. The carrier reimbursed the provider \$5,427.40 for the dates of service 04/30/01 and 05/15/01.
4. The amount in dispute is \$1,101.60 for the dates of service 04/30/01 and 05/15/01.
5. The denial codes on the submitted EOB are M-"Reduced to fair and reasonable. F-Reduced According to Fee Guideline. T-Not According to Treatment Guidelines."
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
04/30/01	E0236	\$494.00	\$419.90	M,T	DOP	TWCC Sec. 413.011 (d)	The provider's only evidence of fair and reasonable is by submitted EOBs from other insurance carriers. The burden remains on the provider to prove that the amount of reimbursement is fair and reasonable. The provider has not submitted any evidence or a methodology they used to determine fair and reasonable. In light of recent SOAH decisions, where providers had submitted EOBs for fair and reasonable, SOAH has placed minimal value on EOBs for documenting fair and reasonable. Therefore, additional reimbursement is not recommended.
04/30/01	E1399	\$155.00	\$131.75	F	DOP	TWCC Sec. 413.011(d) MFG DME; (X)(C) MFG GI; (VI)	"CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate." The provider's only evidence of fair and reasonable is by submitted EOBs from other insurance carriers. The burden remains on the provider to prove that the amount of reimbursement is fair and reasonable. The provider has not submitted any evidence or a methodology they used to determine fair and reasonable. In light of recent SOAH decisions, where providers had submitted EOBs for fair and reasonable, SOAH has placed minimal value on EOBs for documenting fair and reasonable. Therefore, additional reimbursement is not recommended.
04/30/01	E1399	\$75.00	\$63.75	F	DOP	TWCC Sec. 413.011(d) MFG DME; (X)(C) MFG GI; (VI)	"CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate." The provider's only evidence of fair and reasonable is by submitted EOBs from other insurance carriers. The burden remains on the provider to prove that the amount of reimbursement is fair and reasonable. The provider has not submitted any evidence or a methodology they used to determine fair and reasonable. In light of recent SOAH decisions, where providers had submitted EOBs for fair and reasonable, SOAH has placed minimal value on EOBs for documenting fair and reasonable. Therefore, additional reimbursement is not recommended.
04/30/01	E1399	\$45.00	\$38.25	F	DOP	TWCC Sec. 413.011 (d)	"CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate." The provider's only evidence of fair and reasonable is by submitted EOBs from other insurance carriers. The burden remains on the provider to prove that the amount of reimbursement is fair and reasonable. The provider has not submitted any evidence or a methodology they used to determine fair and reasonable. In light of recent SOAH decisions, where providers had submitted EOBs for fair and reasonable, SOAH has placed minimal value on EOBs for documenting fair and reasonable. Therefore, additional reimbursement is not recommended.
04/30/01	L0565-52	\$450.00	\$382.50	M	DOP	TWCC Sec. 413.011 (d)	The provider's only evidence of fair and reasonable is by submitted EOBs from other insurance carriers. The burden remains on the provider to prove that the amount of reimbursement is fair and reasonable. The provider has not submitted any evidence or a methodology they used to determine fair and reasonable. In light of recent SOAH decisions, where providers had submitted EOBs for fair and reasonable, SOAH has placed minimal value on EOBs for documenting fair and reasonable. Therefore, additional reimbursement is not recommended.

04/30/01	L0960	\$85.00	\$72.25	M	DOP	TWCC Sec. 413.011 (d)	The provider's only evidence of fair and reasonable is by submitted EOBs from other insurance carriers. The burden remains on the provider to prove that the amount of reimbursement is fair and reasonable. The provider has not submitted any evidence or a methodology they used to determine fair and reasonable. In light of recent SOAH decisions, where providers had submitted EOBs for fair and reasonable, SOAH has placed minimal value on EOBs for documenting fair and reasonable. Therefore, additional reimbursement is not recommended.
05/15/01	97139	\$185.00	\$35.00	F	DOP	MFG MGR; (I)(A)(10)(b)(d)	In the requestor's dispute packet, there is no medical documentation to indicate that the services were rendered. Therefore, additional reimbursement is not recommended.
05/15/01	E0748	\$5,000.00	\$4,250.00	M	DOP	TWCC Sec. 413.011 (d)	The provider's only evidence of fair and reasonable is by submitted EOBs from other insurance carriers. The burden remains on the provider to prove that the amount of reimbursement is fair and reasonable. The provider has not submitted any evidence or a methodology they used to determine fair and reasonable. In light of recent SOAH decisions, where providers had submitted EOBs for fair and reasonable, SOAH has placed minimal value on EOBs for documenting fair and reasonable. Therefore, additional reimbursement is not recommended.
05/15/01	E1399	\$40.00	\$34.00	F	DOP	TWCC Sec. 413.011 (d) MFG DME; (X)(C) MFG GI; (VI)	"CPT codes for which no reimbursement is listed (DOP) shall be reimbursed at the fair and reasonable rate." The provider's only evidence of fair and reasonable is by submitted EOBs from other insurance carriers. The burden remains on the provider to prove that the amount of reimbursement is fair and reasonable. The provider has not submitted any evidence or a methodology they used to determine fair and reasonable. In light of recent SOAH decisions, where providers had submitted EOBs for fair and reasonable, SOAH has placed minimal value on EOBs for documenting fair and reasonable. Therefore, additional reimbursement is not recommended.
Totals		\$6,529.00	\$5,427.40				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 28th day of June 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.